

**SEDGWICK COUNTY**  
**SUICIDE PREVENTION TASK FORCE**

**Year One Report**

**December 2001**

***“Sedgwick County- Strengthening Lifelines”***

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# **PROLOGUE: SUICIDE NEAR AT HAND**

*Death by suicide is not a gentle deathbed gathering: it rips apart lives and beliefs, and sets its survivors on a prolonged and devastating journey.*

*—Kay Redfield Jamison, Night Falls Fast: Understanding Suicide*

## **COUPLE FOUND DEAD WAS DIVORCING -- NEIGHBORS SAY LANE EATON HAD MOVED OUT WEEKS AGO AND WORRIED ABOUT LOSING TIME WITH HIS TWIN DAUGHTERS.**

A Wichita man suspected of killing his wife and himself in their Wichita home was upset over a pending divorce, friends and neighbors say. Lane and Stephanie Eaton were found dead Saturday at 2630 N. Dublin Court, near 29th Street North and Rock Road, by a family member, police said. Police were awaiting autopsy results Sunday and declined to share details of their investigation except to say they think Lane Eaton was responsible for the murder-suicide. . (*Wichita Eagle, July 23, 2001*),

## **FATHER OF SUICIDAL TEEN BOTHERED BY SWAT TACTICS -- BILL WHEATCROFT WANTED TO TALK TO HIS SON, BUT THE POLICE SAY NEGOTIATIONS ARE BEST HANDLED BY TRAINED LAW OFFICERS.**

Bill Wheatcroft said the only thing he wanted was one last chance to save his son's life. His boy, 17-year-old Brendan Wheatcroft, at the most desperate moment of his troubled life, was surrounded by SWAT team members after he fired shots inside his home and threatened to kill himself. Bill Wheatcroft demanded that police let him talk to his son at the very start of the standoff, even before the SWAT team arrived at the home at 1547 N. Fairmount Ave. (*Wichita Eagle, April 29, 2001.*)

## **A MOTHER'S CRUSADE FOR CLOSURE SHE'S CONVINCED HER SON DID NOT KILL HIMSELF, AS INVESTIGATIONS HAVE FOUND**

Justin Brunhoeber was no angel. "He was a hell-raiser, and he loved it," said his mother, Vestia Brunhoeber. "He was rambunctious from the time he opened his eyes." It's what happened when Justin closed his eyes for the final time that haunts his mother. He was just past his 15th birthday when he was found dead in the parking lot of a Haysville grain elevator on Feb. 4, 1995. Haysville police ruled it a suicide. (*Wichita Eagle, March 27, 2001*)

## **TWO TRAFFIC DEATHS WERE SUICIDES, OFFICIALS RULE -- CHARLES ROBISON AND A 15-YEAR-OLD BOY TOOK THEIR OWN LIVES IN SEPARATE TRAFFIC INCIDENTS OCCURRING A DAY APART LAST WEEK.**

From the cab of his loaded cattle truck rolling north on I-135 outside Wichita a week ago today, Jerry Offenbacher noticed a Lincoln parked on the shoulder. In front of the car, a fair-skinned, balding man suddenly stood up. He faced Offenbacher's rig and another tractor-trailer, hauling milk. Both rigs ran side by side. The man grinned widely, Offenbacher recalled. The 60-year-old Windsor, Colo., trucking operator, with 42 years of driving experience, expected the man to wave. (*Wichita Eagle, September 26, 2000*)

## **AUTOPSY: INMATE KILLED HIMSELF -- GARY BONTZ'S FAMILY WANTS TO KNOW WHY NO ONE NOTICED THAT HE WAS STOCKPILING HIS ANTI-DEPRESSANTS AND WHY HE WASN'T ON A SUICIDE WATCH.**

A 33-year-old Sedgwick County Jail inmate who'd talked about suicide killed himself last month with jail-administered anti-depressants he'd apparently stockpiled. An autopsy report that reached that conclusion, released Tuesday, has left Gary Bontz's family wondering why he wasn't on suicide watch and how he could have hoarded enough pills to kill himself. A former state champion wrestler whose criminal record included a felony kidnapping conviction, Bontz had been. (*Wichita Eagle, February 23, 2000*)

## **SUICIDE TOLL PERSISTS**

The morning of Sept. 6, 1996, 37-year-old Halie Turner staggered into his south Wichita home. He was drunk and despondent. He faced a court appearance on a cocaine-possession charge later that day. His wife, Lois, stayed up with him for a short time before she returned to bed. While she and their three daughters slept, Turner stepped into the garage, tied a tow rope around his neck and hanged himself. About 5 a.m., Lois Turner found him. The same rugged, bearded man who wore flannel. (*Wichita Eagle, March 20, 2000*)

# **I. INTRODUCTION**

In the year 2000, 48 deaths in Sedgwick County were attributed to suicide. Each death represents a tragic loss to the individual's family and to the community. Additional deaths fall into the category of suspected suicide, but because of inadequate evidence, are not recorded as such. Many of the suicides and suspected deaths might have been prevented had better systems of public awareness, intervention and data gathering been in place.

This report chronicles the local initiative to date that attempts to reduce the incidence of self-inflicted deaths through the work of the Sedgwick County Suicide Prevention Task Force (SPTF). Since coordination with national and state-level efforts is likely to produce more efficient and cost effective outcomes, the Sedgwick County SPTF carefully aligns its work to take advantage of those efforts. However, it strives to create solutions that best fit local values and circumstances by drawing together a wide cross-section of local expertise in its strategic campaign to eliminate this major public health problem.

## **II. SUICIDE IN THE UNITED STATES**

### **A GLANCE AT THE NATIONAL PROBLEM:**

#### **SUICIDE: THE COST TO NATION**

- ❑ Every 17 minutes another life is lost to suicide. Every day 86 Americans take their own life and over 1500-attempt suicide.
- ❑ Suicide is now the eighth leading cause of death in Americans.
- ❑ For every two victims of homicide in the U.S. there are three deaths from suicide.
- ❑ There are now twice as many deaths due to suicide than due to HIV/AIDS.
- ❑ Between 1952 and 1995, the incidence of suicide among adolescents and young adults nearly tripled.
- ❑ In the month prior to their suicide, 75% of elderly persons had visited a physician. Over half of all suicides occur in adult men aged 25-65.
- ❑ Many who make suicide attempts never seek professional care immediately after the attempt.
- ❑ Males are four times more likely to die from suicide than are females.
- ❑ More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease, combined.
- ❑ Suicide takes the lives of more than 30,000 Americans every year.

*Adapted from National Strategy for Suicide Prevention, 2001.*

### **THE NATION'S RESPONSE:**

The first UN/WHO Interregional Expert Meeting took place in October 1993 in Calgary and Banff, Alberta, Canada. The meeting addressed global trends in suicide and various initiatives for developing strategies for suicide prevention. Five years later in October 1998, the Suicide Prevention Advocacy Network (SPAN) convened the first national suicide prevention conference in Reno, Nevada. At the Reno conference, an expert panel developed and prioritized numerous recommendations from a rigorous review of suicide and suicide prevention research. In July 1999, the Surgeon General issued his *Call to Action* to prevent suicide, emphasizing suicide as a serious public health problem. (USPHS, 1999). The Surgeon General's *Call* introduced a blueprint for addressing suicide prevention through three broad strategies: awareness, intervention, and methodology (AIM). The *Call* put forth 15 recommendations, including goal statements, objectives, and recommendations for implementation that are consistent with the public

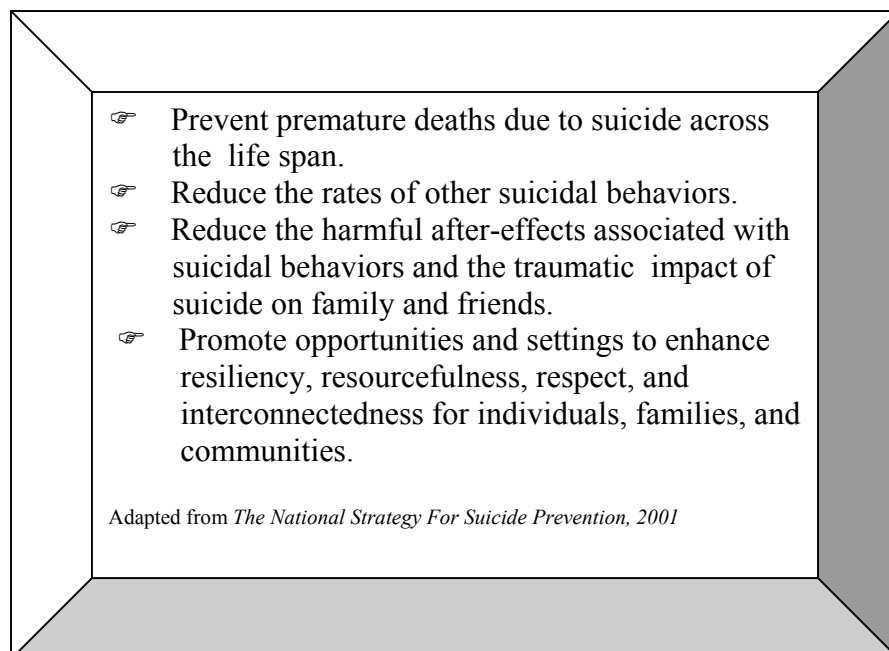
health approach to suicide prevention. AIM represents a consolidation of the top tier of the 81 recommendations from the Reno Conference ranked according to their scientific evidence, feasibility, and community support.

In early 2000, the Secretary of Health and Human Services officially established the National Strategy Federal Steering Group (FSG) for the purpose of formulating a national strategy. FSG reviewed the recommendations of both the Reno meeting and the Surgeon General's *Call to Action* to prevent suicide and developed a comprehensive plan outlining 11 goals and 68 objectives that would stimulate the subsequent development of defined activities for local, state and federal partners. In the year 2000, public hearings on Goals and Objectives for Action were held in Atlanta, Boston, Kansas City and Portland. Following these hearings, Department of Health and Human Services prepared the *National Strategy for Suicide Prevention: Goals and Objectives for Action, 2001*.

### **NATIONAL STRATEGY FOR SUICIDE PREVENTION (NSSP), 2001**

The National Strategy for Suicide Prevention is intended to promote and support culturally appropriate, integrated programs for suicide prevention among Americans at national, regional, tribal, and community levels. The strategy emphasizes that prevention objectives can best be achieved when the nation's resources are coordinated in a systematic way.

#### **Aims of the National Strategy, 2001**



## NSSP Goals for Action, 2001

- The National Strategy for Suicide Prevention's 11 goals and 68 objectives are subdivided into categories of awareness, intervention and methodology (AIM). The NSSP urges the local, state and federal levels to follow this approach.

### **AWARENESS: Appropriately broaden the public's awareness of suicide and its risk factors.**

- Goal 1:** Promote awareness that suicide is a preventable public health problem.
- Goal 2:** Develop broad-based support for suicide prevention.
- Goal 3:** Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services.

### **INTERVENTION: Enhance services and programs, both population-based and clinical care.**

- Goal 4:** Develop and implement suicide prevention programs.
- Goal 5:** Promote efforts to reduce access to lethal means and methods of self-harm.
- Goal 6:** Implement training for recognition of at-risk behavior and delivery of effective treatment.
- Goal 7:** Develop and promote effective clinical and professional practices.
- Goal 8:** Improve access to and community linkages with mental health and substance abuse services.
- Goal 9:** Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the entertainment and news media.

### **METHODOLOGY: Advance the science of suicide prevention.**

- Goal 10:** Promote and support research on suicide and suicide prevention.
- Goal 11:** Improve and expand surveillance systems.

*Adapted from The National Strategy For Suicide Prevention, 2001*

- The National Strategy is designed to encourage and empower groups and individuals to work together. The stronger and broader the support and collaboration on suicide prevention, the greater the chance for the success of this public health initiative. Suicide and suicidal behaviors can be reduced as the

general public gains more understanding about the extent to which suicide is a problem, about the ways in which it can be prevented, and about the roles individuals and groups can play in prevention efforts.

- ❑ The National Strategy is comprehensive and broad enough that individuals and groups can select those objectives and activities that best correspond to their responsibilities and resources. The plan's objectives suggest a number of roles for different groups. Individuals from a variety of occupations need to be involved in implementing the plan, such as health care professionals, police, attorneys, educators, and clergy. Institutions such as community groups, faith-based organizations, and schools all have a necessary part to play. Sites for suicide prevention work include jails, emergency departments, and the workplace. Survivors, consumers, and the media need to be partners as well, and governments at the federal, state, and local levels are key in providing funding for public health and safety issues.
- ❑ Ideally, the National Strategy will motivate and illuminate. It can serve as a model and be adopted or modified by states, communities, and tribes as they develop their own, local suicide prevention plans.
- ❑ The National Strategy encompasses the development, promotion, and support of programs that will be implemented in communities across the country designed to achieve significant, measurable, and sustainable reductions in suicide, and suicidal behaviors. This requires a major investment in public health action.

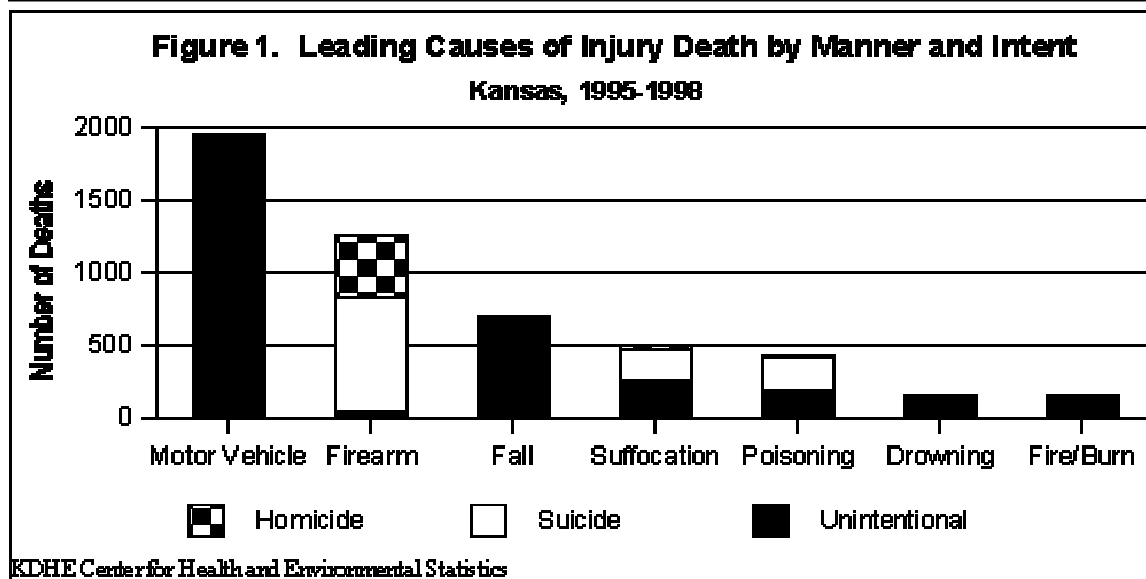
Now is the time for making great strides in suicide prevention. Implementing the National Strategy for Suicide Prevention provides the means to reduce the toll from this important public health problem. Sustaining action on behalf of all Americans will depend on effective public and private collaboration—because suicide prevention is truly everyone's business.

# III. SUICIDE IN KANSAS

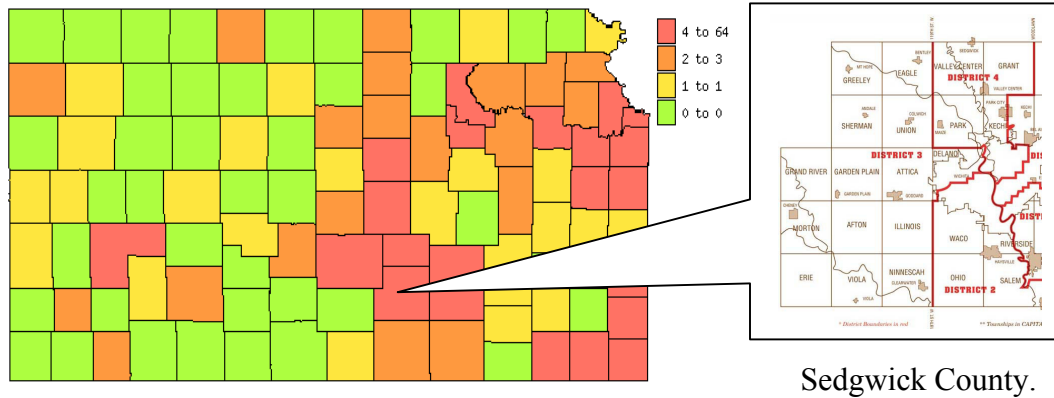
## A GLANCE AT THE STATE PROBLEM

- ❑ Suicide is currently the 9<sup>th</sup> leading cause of death in Kansas.
- ❑ Between 1995 and 1998, 1,296 Kansans committed suicide at an average of 324 each year.
- ❑ The age-adjusted rate of deaths due to suicide was 12.2 out of every 100,000 Kansans in 1998.
- ❑ Of all injury deaths in Kansas, 21.6% are due to suicide, while 10.3% are due to homicide. That means that the number of suicides occurring in Kansas is more than double the number of homicides each year (Figure: 1)
- ❑ The number of suicide deaths is highest in the age groups 15 to 39. However because of the lower population numbers among the elderly; rates were highest above age 70.
- ❑ Females are also at-risk for suicide. Between 1995 and 1998, 220 females committed suicide.
- ❑ Firearms are the main method of choice for suicide irrespective of age groups and in both sexes in Kansas. Firearms accounted for 60% of all suicides in Kansas between 1995 and 1998. Poisoning was the second most common method with 18%. In actual numbers, between 1995 and 1998, 781 Kansans shot themselves to death with a gun, that is one in every 48 hours.
- ❑ While firearm suicide deaths were prominent among young adults, elderly persons aged 75-84 had the highest rate of firearm suicide deaths than any other age group.

Adapted from *Research Summary, Suicides, Kansas, 1989-1998, KDHE*



**Figure 2:Suicide deaths in all Counties, 1998:**



Allen	4	Greeley	1	Osborne	1
Anderson	1	Greenwood	1	Ottawa	2
Atchison	3	Hamilton	1	Pawnee	1
Barber	0	Harper	1	Phillips	2
Barton	0	Harvey	7	Pottawatomie	3
Bourbon	5	Haskell	0	Pratt	0
Brown	0	Hodgeman	0	Rawlins	0
Butler	8	Jackson	2	Reno	11
Chase	0	Jefferson	3	Republic	2
Chautauqua	0	Jewell	0	Rice	3
Cherokee	4	Johnson	41	Riley	5
Cheyenne	0	Kearny	0	Rooks	0
Clarke	0	Kingman	0	Rush	0
Clay	0	Kiowa	0	Russell	0
Cloud	2	Labette	6	Saline	8
Coffey	1	Lane	0	Scott	0
Comanche	0	Leavenworth	8	<b>Sedgwick</b>	<b>64</b>
Cowley	2	Lincoln	2	Seward	2
Crawford	6	Linn	1	Shawnee	28
Decatur	0	Logan	1	Sheridan	0
Dickinson	3	Lyon	3	Sherman	3
Doniphan	1	McPherson	4	Smith	0
Douglas	9	Marion	1	Stafford	2
Edwards	0	Marshall	1	Stanton	0
Elk	1	Meade	0	Stevens	0
Ellis	1	Miami	4	Sumner	2
Ellsworth	1	Mitchell	0	Thomas	1
Finney	6	Montgomery	5	Trego	0
Ford	3	Morris	1	Wabaunsee	3
Franklin	4	Morton	0	Wallace	0
Geary	6	Nemaha	0	Washington	0
Gove	0	Neosho	0	Wichita	1
Graham	0	Ness	1	Wilson	1
Grant	2	Norton	0	Woodson	0
Gray	1	Osage	1	Wyandotte	13

Source: KDHE center for health and environmental statistics.

## THE STATE'S RESPONSE

- ❑ Following a Region VII U.S. Dept. of Health and Human Services (DHHS) conference in August 1999, Kansas formed a Statewide Suicide Prevention Steering Committee.
- ❑ The Steering Committee formulated a state plan and organized the first and second annual suicide prevention conference in Fall 2000 and October 2001 respectively. The second conference featured Dr. Alex Crosby from CDC.
- ❑ Representatives from Kansas participated in the Surgeon General's/DHHS public hearing in Kansas City in October 2000. Kansas also took part in the ten-state conference call with the Surgeon General in Spring 2001. Testimony has been given by the Steering Committee to state legislative committees.
- ❑ Funding for various projects has come from the state agencies involved in the Suicide Prevention Steering Committee. The KS Department of Health and Environment (KDHE) has received grant funding for the dissemination of state-level information. Kansas also has a web page and encourages agencies to have links to the site, which contains information on suicide prevention, including the state plan.
- ❑ Public awareness has been a major effort of the committee. A speaker's bureau has been formed and several members have spoken on suicide prevention at various conferences and functions across the state, including the annual Governor's Conference on Aging.
- ❑ A poster contest was kicked off at the October 2001 conference with correspondence to all Kansas schools encouraging participation. Posters will be displayed in the capitol during the next legislative session.
- ❑ Other efforts have been made to bring suicide prevention awareness to all parts of the state. One of the committee members received a SAMHSA grant for studying and promoting awareness of teen suicides. ANSWER (Adolescents Never Suicide When Everyone Responds), a task force comprised of local law enforcement, a mental health association, schools, and various other groups or professionals have developed posters and a web site: [www.teenanswer.org](http://www.teenanswer.org).
- ❑ Kansas also has a crisis center, Headquarters, Inc., whose staff responds to the national 800/suicide number for calls that originate from Kansas.
- ❑ Finally, a subcommittee is working with the Kansas Highway Patrol and the Kansas Attorney General's office to produce a 30-second public service announcement on suicide prevention, which will be aired during the 2001 holiday seasons.

## **KANSAS STATE PLAN FOR SUICIDE PREVENTION. (Draft)**

### **AWARENESS: Appropriately broaden the public's awareness of suicide and its risk factors:**

- 1. Promote public awareness that suicide is a public health problem and as such, many suicides are preventable. Use information technology appropriately to make facts about suicide and its risk factors and prevention approaches available to the public and to health care providers.**

#### **Strategies:**

- ☐ Kansas State "Suicide Awareness Month"
  - ☐ Publicize through the school system; notes home to parents about the signs and symptoms of depression in children, PTA speakers from the state speaker's bureau about suicide and stress in children.
  - ☐ Billboards
  - ☐ Video about suicide that could be shown to groups.
  - ☐ Shorter videos about suicide for TV public announcements-have a TV station adopt this as an issue
  - ☐ Radio public announcements
- 2. Expand awareness of and enhance resources in communities for suicide prevention programs and mental and substance abuse disorder assessment and treatment.**

#### **Strategies:**

- ☐ Work with community and professional groups
  - ☐ Ask Kansas Mental Health Centers to offer "suicide prevention" or "depression prevention" workshops in schools and/or to community groups such as the Chamber of Commerce, the Young Matrons, etc.
  - ☐ Provide professional training in a variety of cities across the state about suicide, its prevention, and state resources (Speaker's Bureau)
  - ☐ Develop a brochure that can be given to not-for-profit organizations and CMHCs about what to do/where to go if suicidal.
- 3. Develop and implement strategies to reduce the stigma associated with mental illness, substance abuse, and suicidal behavior and with seeing help for such problems.**

#### **Strategies:**

- ☐ Develop a slogan for the state about mental illness; use a contest for middle school children or tie in with National Mental Health Month or National Depression Awareness Month.

Adapted from *Kansas Suicide Prevention Steering Committee Website: <http://www.kasp.org/suicide/>*

**INTERVENTION: Enhance services and program, both population-based and clinical care.**

- 1. Improve the ability of primary care providers to recognize and treat depression, substance abuse, and other major mental illnesses associated with suicide risk.**
- 2. Increase the referral to specialty care when appropriate.**

**Strategies:**

- Convene states' insurance companies to help develop strategies to focus on this issue.
  - Clearly identify further steps for PCPs when faced with the suspicion of a behavioral health or substance abuse disorder.
  - Clearly identify further steps for PCPs when identifying a suicidal individual.
- 3. Institute training for all health, mental health substance abuse and human services professionals about suicide risk assessment and recognition, treatment, managements and aftercare interventions.**

**Strategies:**

- Develop statewide conference.
- Work with BSRB to make suicide prevention CEUs a requirement for mental health professionals.
- Work with the NEA state chapter or associated organization to develop a training track for teachers about suicide.

**METHODOLOGY: Advance the science of suicide prevention.**

- 1. Enhance research to understand risk and protective factors related to suicide, interactions and effects on suicidal behaviors. Increase research on effective suicide prevention programs, clinical treatments for suicidal individuals and culture specific interventions.**

**Strategies:**

- Identify a funding source to aid in the development of statewide programs.
- Create and distribute an RFP for program development and innovate clinical approaches.

- 2. Develop additional scientific strategies for evaluating suicide prevention interventions and ensure that evaluation components are included in all suicide prevention programs.**

**Strategies:**

- As in 1 above.
- Also, work with the departments of psychology, social work, or counseling at state universities to encourage research in the area of program evaluation.

- 3. Encourage the development and evaluation of new prevention technologies, including firearm safety measures, to reduce easy access to lethal means of suicide.**

**Strategies:**

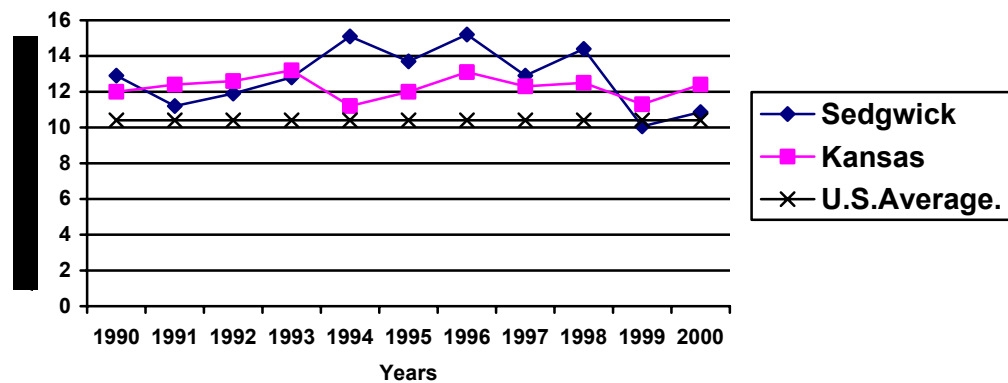
- Identify state experts in the area of suicidology.
- Identify a state legislator interested in behavioral health issues.
- Working with these individuals, facilitate the creation of regulations related to pharmacy procedures and firearm safety.

## IV. SUICIDE IN SEDGWICK COUNTY

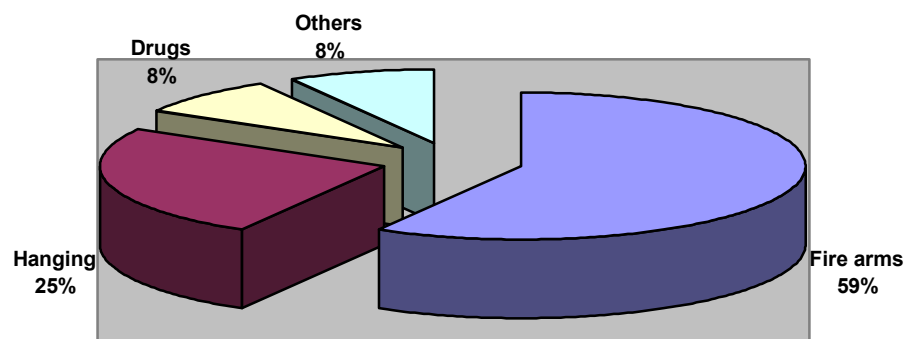
### **A GLANCE AT THE COUNTY PROBLEM**

- ❑ Suicide is eighth leading cause of death in Sedgwick County.
- ❑ One out of every five Kansans who died from suicide is from Sedgwick County.
- ❑ From 1990-2000, 591 people committed suicide in Sedgwick County, at an average of 53 per year and at an age adjusted rate of 11.4 per 100,000 population as compared to US average of 10.4. In 2000, 48 people died of suicide. (Figure 1)
- ❑ From 1990, suicides rose gradually, peaking in 1994 at an age-adjusted rate of 15.1 deaths per 100,000, stabilized till 1996 and declined thereafter to 10.86 in 2000.
- ❑ In the last decade, 50% more residents of Sedgwick County died from suicide than homicide.

**Figure 1 :\*\* Age-Adjusted Suicide rates.(1990-2000)**



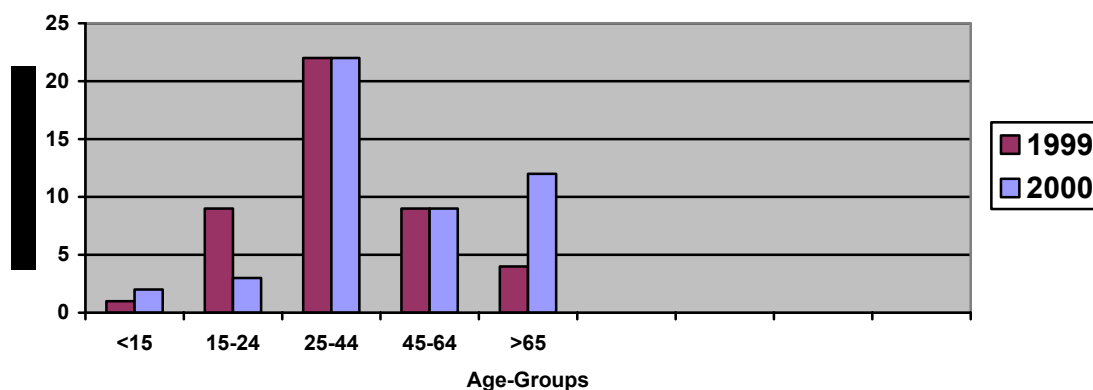
**Figure 2:\*\* Sedgwick County-Methods of Suicide Commision.(2000).**



- ❑ Nearly three out of five suicides (59%) involved a firearm (US 58%). The next most common methods in this county are Hanging (25%) and Drugs (8%). (Figure 2)

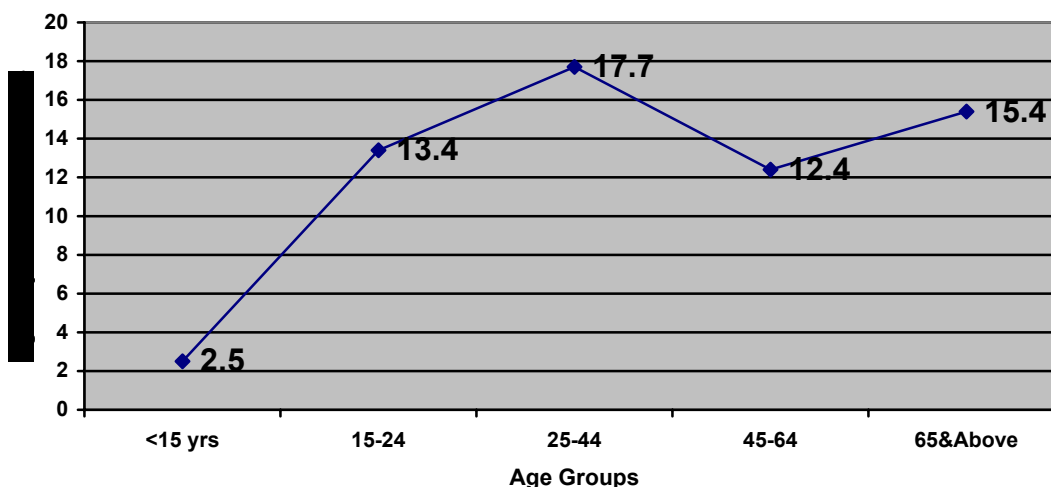
Source: Sedgwick County suicide data\*\*, KDHE Center for Health and Environmental Statistics.

Figure 3:\*\* Number of Suicides by Age Group, Sedgwick County, 1999-2000.



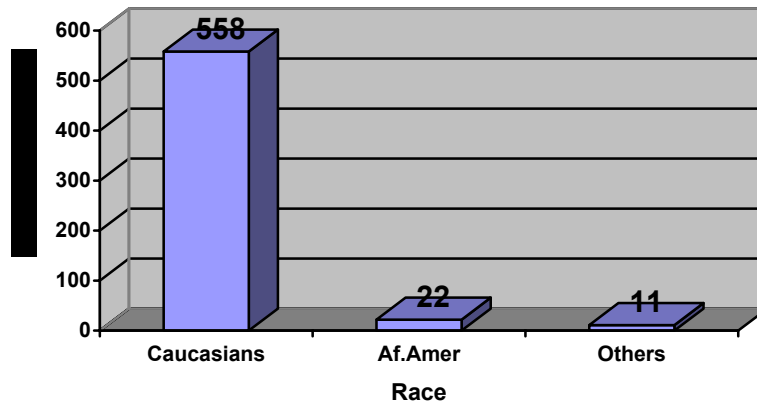
- In 2000, there were 12 suicides in the age group of 65 and above when compared to 4 suicides in the same age group in 1999 (Figure 3)
- Suicide rates are highest among the 25-44-age group followed by > 65 age group. (Figure 4) Despite the higher risk of suicide for an older person, greater numbers of young people die in this County from suicide. Between 1990-2000, 64.4% of suicide deaths were among persons younger than 45 years of age.

Fig 4:\*\* Age-adjusted suicide rates by Age Group, Sedgwick County, 1990-2000



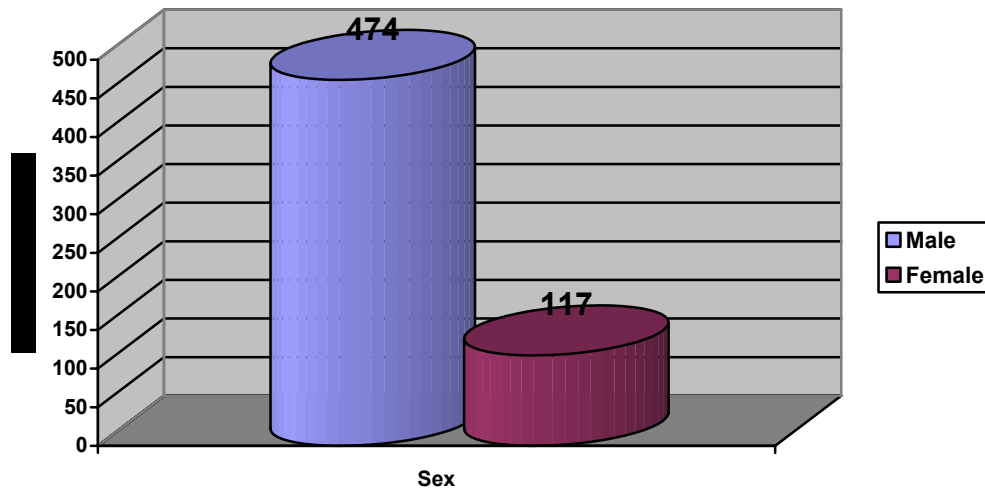
Source: Sedgwick County suicide data\*\*, KDHE Center for Health and Environmental Statistics.

**Figure5:\*\* Number of Suicides by Race,Sedgwick County,1990-2000**



- ❑ Caucasians commit suicide at higher rates than other races. From 1990-2000, out of the 591 persons who committed suicide, 558 (94.4%) persons were white compared to 22 that were blacks (3.7%)(Figure 5). In 2000, 44 out of 48 suicide deaths were of whites. Racial differences are more difficult to explain and seem to involve many interacting factors.
- ❑ Men complete suicide in greater numbers than women. (Figure 6) From 1990-2000, the age-adjusted suicide rates for males were four times higher than for females. In 2000, 40 out of 48 suicide deaths were males. The death rates for men exceed those for women because men have greater access to more lethal means such as firearms.

**Figure 6:\*\* Number of Suicides by Sex,Sedgwick County,1990-2000**



Source: Sedgwick County suicide data\*\* KDHE. Center for Health and Environmental Statistics.

\*\*Refer to Appendix: C for Sedgwick County Regional Forensic Science Center suicide data.

## THE COUNTY'S RESPONSE

- ❑ The identification of suicide as a public health problem by the Surgeon General in 1999, lead Sedgwick County to look at suicide as not just an issue for the mental health professionals, the schools or the ministers to address, but as an issue that communities and professionals of various disciplines need to address together. This instigated the formation of Sedgwick County Community Suicide Prevention Steering Committee.
- ❑ Taking initiative from the Regional Meeting VII conference on suicide prevention in Kansas City, MO, the Sedgwick County Community Suicide Prevention Steering Committee was formed on August 22, 2000 to address suicide and its related issues in County
- ❑ The Steering Committee comprised of volunteers from professional sources, like mental health, aging, law enforcement, social services and education, and from the general community.
- ❑ Steering Committee conceptualized the Community Planning Initiative with the goal of bringing Surgeon General's plan to the community. The objectives set for the Community Initiative were:
  - Increase involvement of the community
  - Draft a community plan.
  - Identify a Task Force that would continue suicide prevention efforts.
  - Focus on identifying population issues, themes, struggles, resources and strengths.
  - Identify top three areas where education/prevention efforts should be focused.
- ❑ The Steering Committee drafted a community plan and identified a Task Force that would continue to work on, and implement the community plan.
- ❑ The Board of County Commissioners (BOCC) established the Suicide Prevention Task Force (SPTF) on January 3, 2001. The concept and charge of organizing the Community Planning Initiative was handed over to the Task Force.
- ❑ The Steering Committee continued as the Planning Committee for Community Planning Initiative until February 2001.
- ❑ After realizing the objectives for which it was created, the Steering Committee gave way to the Sedgwick County Suicide Prevention Task Force.

## **V. THE SEDGWICK COUNTY SUICIDE PREVENTION TASK FORCE (SPTF)**

- ❖ To counter the silent epidemic of suicide at the local level, the Board of County Commissioners established the Sedgwick County Suicide Prevention Task Force in January 2001. The Task Force is composed of twenty-three members from various segments of the broader community (See Appendix: A). The Task Force was charged with implementation of the Surgeon General's *Call to Action* at the local level with the goal of reducing the number of suicides.

**PURPOSE:** To reduce the Sedgwick County Suicide Rate from 12.9 to 6 per 100,000 by 2010 with special emphasis on youth and the elderly.

- ❖ To achieve this purpose, the SPTF has adopted the original 15 goals from the Surgeon General's *Call to Action*. These goals were assigned to the three subcommittees: Awareness, Intervention and Methodology that were shaped in accordance with the AIM approach.

### **AWARENESS: "Appropriately broaden the public's awareness of suicide and its risk factors."**

**GOAL#1:** Promote public awareness that suicide is a public health problem and, as such, many suicides are preventable. Use information technology appropriately to make facts about suicide and its risk factors and prevention approaches available to the public and to health care providers.

**GOAL#2:** Expand awareness of and enhance resources in communities for suicide prevention programs and mental and substance abuse disorder assessment and treatment.

**GOAL#3:** Develop and implement strategies to reduce the stigma associated with mental illness, substance abuse, and suicidal behavior and with seeking help for such problems.

### **INTERVENTION: "Enhance services and programs, both population-based and clinical care".**

**GOAL#4:** Extend collaboration with and among public and private sectors to complete a National Strategy for Suicide Prevention.

**GOAL#5:** Improve the ability of primary care providers to recognize and treat depression, substance abuse, and other major mental illnesses associated with suicide risk. Increase the referral to specialty care when appropriate.

**GOAL#6:** Eliminate barriers in public and private insurance programs for provision of quality mental and substance abuse disorder treatments and create incentives to treat patients with coexisting mental and substance abuse disorders.

*Adapted from The Surgeon General's Call to Action, 1999.*

**GOAL#7:** Institute training for all health, mental health, substance abuse and human service professionals (including clergy, teachers, correctional workers, and social workers) concerning suicide risk assessment and recognition, treatment, management, and aftercare interventions.

**GOAL#8:** Develop and implement effective training programs for family members of those at risk and for natural community helpers on how to recognize, respond to, and refer people showing signs of suicide risk and associated mental and substance abuse disorders. Natural community helpers are people such as educators, coaches, hairdressers, and faith leaders, among others.

**GOAL#9:** Develop and implement safe and effective programs in educational settings for youth that address adolescent distress, provide crisis intervention and incorporate peer support for seeking help.

**GOAL#10:** Enhance community care resources by increasing the use of schools and workplaces as access and referral points for mental and physical health services and substance abuse treatment programs and provide support for persons who survive the suicide of someone close to them.

**GOAL#11:\*** Promote a public/private collaboration with the media to assure that entertainment and news coverage represent balanced and informed portrayals of suicide and its associated risk factors including mental illness and substance abuse disorders and approaches to prevention and treatment.

\*Deferred to Awareness Subcommittee

**METHODOLOGY: “Advance the science of suicide prevention.”**

**GOAL#12:** Enhance research to understand risk and protective factors related to suicide, their interaction, and their effects on suicide and suicidal behaviors. Additionally, increase research on effective suicide prevention programs, clinical treatments for suicidal individuals, and culture-specific interventions.

**GOAL#13:** Develop additional scientific strategies for evaluating suicide prevention interventions and ensure that evaluation components are included in all suicide prevention programs.

**GOAL#14:** Establish mechanisms for federal, regional, and state interagency public health collaboration toward improving monitoring systems for suicide and suicidal behaviors and develop and promote standard terminology in these systems.

**GOAL#15:** Encourage the development and evaluation of new prevention technologies, including firearm safety measures, to reduce easy access to lethal means of suicide.

Adapted from *The Surgeon General’s Call to Action, 1999.*

### **ACTION PLAN:**

- ❑ Continue the Community Planning Initiative efforts of Sedgwick County Community Suicide Prevention Steering Committee and identify the needs and issues related to suicide in our community.
- ❑ Utilize the resource list from the Community Planning Initiative to implement the Sedgwick County efforts.
- ❑ Develop a nine-month community education campaign to broaden awareness about this silent epidemic utilizing the news media resources, and printed brochures and handouts about warning signs, the stigma element and the local resources available. This campaign needs to be culturally sensitive, and should address the diverse populations.
- ❑ Develop subcommittees to address awareness, intervention and methodology in accordance with the AIM approach outlined by the Surgeon General and synchronize their activities at least on a monthly basis.

### **ACCOMPLISHMENTS:**

- ❑ In February 2001, a Community Planning Initiative was held, involving more than 150 community participants, in a two-day session to identify suicide-related needs and issues in our county.
- ❑ Developed three active subcommittees: Awareness, Intervention, and Methodology comprising of voluntary representatives from the community to address the steps outlined by the Surgeon General. These subcommittees provide recommendations to the Task Force. The Task Force integrates and coordinates the work of the subcommittees.
- ❑ Through Awareness Subcommittee:
  - Partnered with KPTS and developed media packets, localized with Sedgwick County data. First press release titled “School Brings Stress for Kids” was sent out to media on August 31, 2001. Developed a timeline for media events for the year 2001-2002 and launched a “Nine-month Media Awareness Campaign.” Organized luncheon meeting with the media to educate them on the sensitivity of the subject.
  - Developed a hand out of community resource list.
  - Will utilize state plan for involvement of youth in poster contest, educating them on suicide prevention. In contact with different organizations and charting out a poster contest for the elderly regarding suicide prevention
  - Prepared a draft of the stigma brochure.
- ❑ Through Intervention Subcommittee:
  - Developed a comprehensive list of the targeted community resources.
  - Developed an educational presentation to present to identified community groups.
  - Identified a postvention model called *LOSS* that was successfully implemented in Baton Rouge, LA.
- ❑ Through Methodology Subcommittee:
  - Suicide statistics from 1990-2000 collected from KDHE and Sedgwick County Regional Forensic Science Center.
  - Developed a technical assistance skills list for assisting the other subcommittees.
  - Developed website resource list.

**ACCOMPLISHMENTS:**

- ❑ Through Methodology Subcommittee (cont'd)
  - Developed a bibliography about school-based interventions for youth.
  - Held discussions with the Sedgwick County Regional Forensic Science Department in anticipation of a collaborative psychological autopsy and postvention study.
- ❑ Identified two funding sources, one being a conjoint effort between COMCARE and WSU utilizing Mill Levy Fund, the other one being a recognition grant from Kansas Health Foundation.
- ❑ Organized two workshops at the state NAMI conference on October 4-5.

**ROAD AHEAD:\***

- ❑ The Task Force is looking at the concept of social marketing in relation to the efforts in the community.
- ❑ The primary focus is on the coordination and integration of the subcommittees work on suicide prevention, with the community and the state efforts.
- ❑ Continue to explore the funding possibilities.
- ❑ Increase the community awareness base through press releases, training the community resources and developing the stigma brochure.
- ❑ Give educational presentation to the community groups identified.
- ❑ Establish a “Survivors of Suicide” group in Sedgwick County in collaboration with the Regional Forensic Science Center.
- ❑ Continue gathering information on data needs in Sedgwick County.
- ❑ Continue literature search on known risk and best model interventions to create an archive for use by all members of the SPTF and interested public.
- ❑ Create design for psychological autopsy and postvention study.
- ❑ Seek external funding for conduct of science-based studies on reduction and prevention of suicide and suicidal behavior.

\*See Budget narrative for year two proposal.

## **VI. AWARENESS SUBCOMMITTEE**

**“Once you have discovered what is happening, you can't pretend not to know, you can't abdicate responsibility”.**  
–P.D. James.

### **PURPOSE: Appropriately broaden the public's awareness of suicide and its risk factors**

**GOAL#1:** Promote public awareness that suicide is a public health problem and, as such, many suicides are preventable. Use information technology appropriately to make facts about suicide and its risk factors and prevention approaches available to the public and to health care providers.

**GOAL#2:** Expand awareness of and enhance resources in communities for suicide prevention programs and mental and substance abuse disorder assessment and treatment.

**GOAL#3:** Develop and implement strategies to reduce the stigma associated with mental illness, substance abuse, suicidal behavior, and with seeking help for such problems.

**GOAL#11:\*** Promote a public/private collaboration with the media to assure that entertainment and news coverage represent balanced and informed portrayals of suicide and its associated risk factors including mental illness and substance abuse disorders and approaches to prevention and treatment.

\*Deferred from the Intervention Subcommittee. Adapted from *The Surgeon General's Call to Action*, 1999.

### **OBJECTIVES SET BY AWARENESS SUBCOMMITTEE:**

- ❑ Develop a speaker's bureau per se to respond to community needs and to be available as responders to critical media events in the community on an as needed basis. This bureau will consist of professionals, family members/survivors, and resource spokespersons.
- ❑ There will be a timeline for media events with a culmination in May 2002. This will include naturally occurring events such as the beginning of school, holidays. A PSA campaign will be initiated in the spring to prepare for the May event to be held in conjunction with Mental Health Awareness Month and Suicide Prevention Week.
- ❑ The subcommittee identifies that there needs to be an awareness focus in the schools and the faith based community. This subcommittee supports the intervention subcommittee educational objectives for the schools and faith-based community.
- ❑ A stigma fact brochure will be developed to address destigmatizing mental illness and suicides issues. The brochure(s) will need to be culturally diverse and age sensitive.

**ACTION PLAN:**

- ❑ To address these diverse objectives in an efficient manner, the Awareness Subcommittee constituted public awareness, media and stigma work groups.
- ❑ Public awareness work group was responsible for promoting public awareness about suicide and the available resources in the community to counter it.
- ❑ Media work group was charged to develop a marketing plan, and to tap into cultural publications.
- ❑ Stigma work group was charged to ensure that the media workgroup includes a focus on the issue of stigma and to develop a stigma fact brochure to address destigmatizing mental illness and suicide issues.

**ACCOMPLISHMENTS:**

- ❑ Developed a hand out of community resource list.
- ❑ Will utilize state plan for involvement of youth in poster contest, educating them on suicide prevention.
- ❑ KPTS is the first formal media partner with the Awareness Subcommittee/Task Force.
- ❑ Developed media packets, localized with Sedgwick County data.
- ❑ First press release titled “School Brings Stress for Kids” was sent out to media on August 31, 2001.
- ❑ Developed a timeline for media events for the year 2001-2002.
- ❑ A “Nine-month Media Awareness Campaign” was launched.
- ❑ Organized luncheon meeting with the media to educate them on the sensitivity of the subject.
- ❑ Successfully prepared a brochure addressing the stigma associated with suicide.

**ROAD AHEAD:\***

- ❑ Contact different organizations and chart out a poster contest for the elderly age group stressing on suicide prevention. Posters will be distributed to senior centers, assisted living campuses, senior dining centers, nursing homes and other gathering places.
- ❑ Plan to provide mini-training to community resources on the list for handling suicide related calls.
- ❑ Involve various religious heads and schools to broaden the awareness base.
- ❑ Work with the Intervention Subcommittee to develop audience and age targeted educational presentations on suicide prevention.
- ❑ Distribution of suicide prevention information through the internet
- ❑ Plan to put press releases like “School Brings Stress for Kids” on company websites and/or on employees’ newsletters.
- ❑ Involve a social marketer, for increasing the effectiveness of the campaign.
- ❑ Plan to distribute stigma brochures, following Task Force presentations,
- ❑ Plan to drop-off the stigma brochures at medical offices, social service agencies, community organizations, police departments, funeral homes, etc.

\*See Budget narrative for year two proposal.

## **STIGMA WORK GROUP:**

**Goal #3:** Develop and implement strategies to reduce the stigma associated with mental illness, substance abuse suicidal behavior, and with seeking help for such problems.

*Adapted from The Surgeon General's Call to Action, 1999*

### **OBJECTIVES:**

Develop a speaker's bureau to respond to community needs and to be available as responders to critical media events in the community on an as needed basis. This bureau will consist of professionals, family members/survivors, and resource spokespersons.

A stigma fact brochure will be developed to address destigmatizing mental illness and suicides issues. The brochure(s) will need to be culturally diverse and age sensitive.

### **ACTION PLAN:**

- Ensure that the media workgroup includes a focus on the issue of stigma.
- Educational efforts should include public schools/public service organizations and government agencies. Education should include the issue of respect.
- Educate faith-based communities to focus on reducing stigma and the need to seek help.
- A fact sheet on stigma should be created.
- All awareness material to be culturally inclusive.

### **ACCOMPLISHMENTS:**

- ❑ Successfully prepared a brochure addressing the stigma associated with suicide.
- ❑ Working constantly with other work groups, giving due focus to the stigma factor in their educational presentations.

### **ROAD AHEAD:\***

- ❑ Plan to distribute stigma brochures, following Task Force presentations,
- ❑ Plan to drop-off the brochures to medical offices, social service agencies, community organizations, police departments, funeral homes, etc.

\*See Budget narrative for year two proposal

## **RESOURCES /PUBLIC AWARENESS WORK GROUP:**

**Goal #1:** Promote public awareness that suicide is a public health problem and, as such, many suicides are preventable. Use information technology appropriately to make facts about suicide and its risk factors and prevention approaches available to the public and to health care providers.

**Goal# 2:**Expand awareness of and enhance resources in communities for suicide prevention programs and mental and substance abuse disorder assessment and treatment.

*Adapted from The Surgeon General's Call to Action, 1999*

### **OBJECTIVES:**

Develop a speaker's bureau to respond to community needs and to be available as responders to critical media events in the community on an as needed basis. This bureau will consist of professionals, family members/survivors, and resource spokespersons.

The subcommittee identifies that there needs to be an awareness focus in the schools and the faith based community. This committee supports the intervention subcommittee educational objectives for the schools and faith-based community.

### **ACTION PLAN:**

1.Promote public awareness.

- Education of risk factors and warning signs that lead to suicide.

2. Expand awareness of resources.

- Suicide prevention services.
- Handouts that identifies immediate resources within our community.

### **ACCOMPLISHMENTS:**

- ❑ Developed a hand out of community resource list.
- ❑ Will utilize state plan for involvement of youth in poster contest, educating them on suicide prevention.

### **ROAD AHEAD:\***

- ❑ Contact different organizations and chart out a poster contest for the elderly age group regarding suicide prevention. Posters will be distributed to senior centers, assisted living campuses, senior dining centers, nursing homes and other gathering places.
- ❑ Plan to provide mini-training to community resources on the list for handling suicide related calls.
- ❑ Involve various religious heads and schools to broaden the awareness base.
- ❑ Work with the Intervention Subcommittee to develop audience and age targeted educational presentations on suicide prevention.
- ❑ Distribute suicide prevention information through the Internet.

\*See Budget narrative for year two proposal

## **MEDIA WORK GROUP:**

**Goal#11.**Promote a public/private collaboration with the media to assure that entertainment and news coverage represent balanced and informed portrayals of suicide and its associated risk factors including mental illness, substance abuse disorders, and approaches to prevention and treatment.

Adapted from *The Surgeon General's Call to Action, 1999*

### **OBJECTIVES:**

Develop a speaker's bureau to respond to community needs and to be available as responders to critical media events in the community on an as needed basis. This bureau will consist of professionals, family members/survivors, and resource spokespersons.

There will be a timeline for media events with a culmination in May 2002. This will include naturally occurring events such as the beginning of school and holidays. A PSA campaign will be initiated in the spring to prepare for the May event to be held in conjunction with mental health awareness month and suicide prevention week.

### **ACTION PLAN:**

#### 1. Develop marketing plan.

- Develop media packets, localized with Sedgwick County data.
- Contacting media for specific spots that would run through out the year and culminate in a weeklong multi-event outreach in May 2002.

#### 2. Tap into cultural publications.

- Address diversity issues through the diverse newspapers that serve each of these communities.
- Create a list of resource groups for these contacts to go when a story develops or as we get stories out to the media.
- Create a list of survivors or relatives that would be willing to tell their stories.
- Help educate the media on the sensitivity of the subject.

### **ACCOMPLISHMENTS:**

- ❑ KPTS is the first formal media partner with the Awareness Subcommittee/Task Force.
- ❑ Developed media packets, localized with Sedgwick County data.
- ❑ First press release titled "School Brings Stress for Kids" was sent out to media on August 31, 2001.
- ❑ Developed a timeline for media events for the year 2001-2002.
- ❑ A "Nine-month Media Awareness Campaign" was launched.
- ❑ Organized luncheon meeting with the media to educate them on the sensitivity of the subject.

### **ROAD AHEAD:\***

- ❑ Plan to put press releases like "School Brings Stress for Kids" on company websites and/or on employees' newsletters.
- ❑ To involve a social marketer, for increasing the effectiveness of the campaign.

\*See Budget narrative for year two proposal

## **VII. INTERVENTION SUBCOMMITTEE**

**"People seldom refuse help, if one offers it in the right way."**

**--A.C.Benson**

### **PURPOSE: "Enhance services and programs, both population-based and clinical care."**

**Goal#4:** Extend collaboration with and among public and private sectors to complete a National Strategy for Suicide Prevention.

**Goal#5:** Improve the ability of primary care providers to recognize and treat depression, substance abuse, and other major mental illnesses associated with suicide risk. Increase the referral to specialty care when appropriate.

**Goal#6:** Eliminate barriers in public and private insurance programs for provision of quality mental and substance abuse disorder treatments and create incentives to treat patients with coexisting mental and substance abuse disorders.

**Goal#7:** Institute training for all health, mental health, substance abuse and human service professionals (including clergy, teachers, correctional workers, and social workers) concerning suicide risk assessment and recognition, treatment, management, and aftercare interventions.

**Goal#8:** Develop and implement effective training programs for family members of those at risk and for natural community helpers on how to recognize, respond to, and refer people showing signs of suicide risk and associated mental and substance abuse disorders. Natural community helpers are people such as educators, coaches, hairdressers, and faith leaders, among others.

**Goal#9:** Develop and implement safe and effective programs in educational settings for youth that address adolescent distress, provide crisis intervention and incorporate peer support for seeking help.

**Goal#10:** Enhance community care resources by increasing the use of schools and workplaces as access and referral points for mental and physical health services and substance abuse treatment programs and provide support for persons who survive the suicide of someone close to them.

**Goal#11:\*** Promote a public/private collaboration with the media to assure that entertainment and news coverage represent balanced and informed portrayals of suicide and its associated risk factors including mental illness and substance abuse disorders and approaches to prevention and treatment.

\*Deferred to Awareness Subcommittee. Adapted from *The Surgeon General's Call to Action, 1999*

### **OBJECTIVES SET BY INTERVENTION SUBCOMMITTEE:**

- ☐ Develop an educational program to target different risk groups in the community.
- ☐ Develop a postvention process for family members /survivors of suicide.

**ACTION PLAN:**

- ❑ Develop a work group to address educational presentation in the community. This work group will develop the educational presentation to be targeted to school staff/nursing home staff, EAP, substance abuse providers, primary care physicians and the faith community.
- ❑ Develop a work group to address postvention process for family members/survivors of suicide. This work group will develop a postvention model, which is community based, culturally sensitive, and relevant to the needs of the community. This group will work in collaboration with the Regional Forensic Science Center and the postvention groups in the community.

**ACCOMPLISHMENTS:**

- ❑ Developed a comprehensive list of the targeted community resources.
- ❑ Developed two active work groups.
- ❑ Developed an educational presentation to the identified community groups.
- ❑ Identified a postvention model called *LOSS* that was successfully implemented in Baton Rouge, LA.

**ROAD AHEAD:\***

- ❑ Establish a “Survivors of Suicide” group such as *LOSS* Program of Baton Rouge in Sedgwick County in collaboration with the Regional Forensic Science Center and the Sedgwick County Coroner.
- ❑ Develop a brochure that identifies the concerns and risks for survivors of suicide and offer information on support and other resources.
- ❑ Develop resource bibliography that could be handed out to survivors related to the issues of surviving suicide.
- ❑ Give the educational presentation to the community groups identified and make them aware of the suicide problem in the country and at the local level.
- ❑ Identify clearly the next steps for primary care physicians when identifying a suicidal individual and faced with the suspicion a behavioral health problem or substance abuse disorder. The subcommittee plans to convene states’ insurance companies to develop strategies to focus on this issue.
- ❑ Work with BSRB to make suicide prevention CEUs requirement for mental health professionals in order to institute training about suicide risk assessment, treatment, and aftercare interventions.
- ❑ Work with NEA state chapter or associated organization to develop a training track for teachers about suicide.

\*See Budget narrative for year two proposal.

## **POSTVENTION WORK GROUP**

**OBJECTIVE:** Develop a postvention process for family members /survivors of suicide.

### **ACTION PLAN:**

- ❑ This work group will develop a postvention model, which is community based, culturally sensitive and relevant to the needs of the community. This group will work in collaboration with the Regional Forensic Science Center and the postvention groups in the community.

### **ACCOMPLISHMENTS:**

- ❑ Identified a postvention model called *LOSS* that was successfully implemented in Baton Rouge, LA. This Program involves a first response team of individuals, primarily people who are suicide survivors. Representatives from this team will actually go to the scene of a suicide once the death has been determined to be a suicide and the Coroner's office calls for support. The team is basically managed with support from both the Coroner's office and the Mental Health Center staff. The Mental Health Center in Baton Rouge reports that the survivors of suicide group attendance has doubled since the *LOSS* team was started in 1998. The Subcommittee awaits further input from Baton Rouge and plans to develop a similar intervention model for Sedgwick County.

### **ROAD AHEAD:\***

- ❑ Investigate and provide further information to the Task Force on the Baton Rouge model of postvention. This model partners volunteers with the Coroner's office to intervene in identified situations. This would be in collaboration with the Regional Forensic Science Center.
- ❑ Establish a support group for survivors of suicide.
- ❑ Develop a brochure of concerns and risks for suicide survivors including information for support and other resources. Cultural sensitivity and diversity concerns will be a strong consideration in the process.
- ❑ Develop a resource bibliography that could be provided to survivors related to issues of surviving suicide.

\*See Budget narrative for year two proposal.

## **EDUCATIONAL PRESENTATION WORK GROUP**

**OBJECTIVE:** To develop an educational presentation about suicide.

### **ACTION PLAN:**

- ❑ Review the educational presentations already available to determine the contents to be developed.
- ❑ Develop an educational presentation, which is community based and culturally sensitive and is relevant to Sedgwick County. The presentation is to be targeted in the first year to school staff, senior center/nursing home staff, EAP, substance abuse providers, primary care physicians and the faith communities.

### **ACCOMPLISHMENTS:**

- ❑ Developed a presentation on suicide.
- ❑ Coordination with schools initiated in order to reach the youth.
- ❑ Planned for interactions regarding presentations to the elderly.

### **ROAD AHEAD:\***

- ❑ Give educational presentations to the community groups identified and make them aware of the suicide problem in the country and at the local level.

\*See Budget narrative for year two proposal.

## **VIII. METHODOLOGY SUBCOMMITTEE**

**“If I had six hours to chop down a tree,**

**I’d spend the first four sharpening the axe”.**

**-- Abraham Lincoln**

### **PURPOSE: “Advance the science of suicide prevention.”**

**GOAL#12:** Enhance research to understand risk and protective factors related to suicide, their interaction, and their effects on suicide and suicidal behaviors. Additionally, increase research on effective suicide prevention programs, clinical treatments for suicidal individuals, and culture-specific interventions.

**GOAL#13:** Develop additional scientific strategies for evaluating suicide prevention interventions and ensure that evaluation components are included in all suicide prevention programs.

**GOAL#14:** Establish mechanisms for federal, regional, and state interagency public health collaboration toward improving monitoring systems for suicide and suicidal behaviors and develop and promote standard terminology in these systems.

**GOAL#15:** Encourage the development and evaluation of new prevention technologies, including firearm safety measures, to reduce easy access to lethal means of suicide.

*Adapted from The Surgeon General’s Call to Action, 1999.*

### **OBJECTIVES SET BY METHODOLOGY SUBCOMMITTEE:**

- ❑ Assess data availability and needs of provider network in Sedgwick County and recommend a strategy for development of a common dataset for provider community.
- ❑ Conduct literature review on known risk and best model interventions.
- ❑ Offer technical assistance in program evaluation and testing of intervention strategies to other SPTF Subcommittees.
- ❑ Design and pilot a study to better understand risk and protective factors in individuals who commit suicide and those affected by such acts.

### **ACTION PLAN:**

- ❑ Inventory existing data sources in the County; identify potential gaps in the data currently available and the constraints in accessing those data. Identify potential source of external funding for work on development of a common data set.
- ❑ Search available scientific data and obtain copies for use in designing studies and program interventions. Create annotated bibliography of appropriate literature and an archive of articles, abstracts and reports.

- ❑ In coordination with other subcommittees, recommend to the Task Force for steering purposes, a coordinated set of educational, promotional, design, evaluation and research activities that effectively and efficiently relate to the overall goals of the Task Force.
- ❑ On request, serve as consultants to other two SPTF subcommittees.
- ❑ In consultation with local health, public health and mental health professionals, design a series of longitudinal studies focusing on understanding risk and protective factors in suicide and self-inflicting behavior.
- ❑ Provide oversight of personnel and products involved in the proposed studies, including budgeting and preparation of periodic reports to Task Force and BOCC.

### **ACCOMPLISHMENTS:**

- ❑ Obtained suicide statistics for 1990-2000 from KDHE, and Sedgwick County Regional Forensic Science center.
- ❑ Developed a Technical Assistance Skills List to provide expertise to other subcommittees on request.
- ❑ Developed website resource list.
- ❑ Developed a bibliography about school-based interventions to youth.
- ❑ Held discussions with the Sedgwick County Regional Forensic Science Department in anticipation of a collaborative psychological autopsy and postvention study.

### **ROAD AHEAD:\***

- ❑ Continue gathering information on data needs in Sedgwick County.
- ❑ Continue literature search on known risk and best model interventions to create an archive for use by all members of the SPTF and interested public.
- ❑ As time and resources permit, provide expertise in study design, sample collection, and statistical analysis to other SPTF subcommittees in support of program evaluation, intervention design and grant preparation activities.
- ❑ Create integrated AIM activity set for selected risk groups.
- ❑ Create design for psychological autopsy and postvention study.
- ❑ Seek external funding for conduct of science-based studies on reduction and prevention of suicide and suicidal behavior.

\*See Budget narrative for year two proposal.

## **IX. SUMMARY**

- ❑ Information in this report documents that suicide is an important public health issue for the residents of Sedgwick County irrespective of race, sex, or age .One out of every five suicides that occur in Kansas is accounted for by Sedgwick County.
- ❑ It is the goal of the Sedgwick County Suicide Prevention Task Force to reduce the rate of suicides from the current level of 12.9 per 100,000 to 6.0 percent by the year 2010. However, this decrease is not likely to proceed in a straight-line fashion. Our awareness campaigns will sensitize first responders and others involved in suspicious deaths to become more alert to the problem. It is even possible that Sedgwick County will initially experience a slight increase (due to more accurate data collection) in the rate of self-inflicted death reports after which a decline could certainly be anticipated.

## **X. RECOMMENDATIONS**

Suicide rates in Sedgwick County and in the nation can be reduced by a combination of

- ❑ Increased awareness of the risk factors for suicide.
- ❑ Improved services and programs.
- ❑ Restricted access to highly lethal and common methods of suicide, and
- ❑ Evaluation of new suicide prevention efforts.

Combined public and private efforts will be necessary to achieve these goals.

## **REFERENCES**

- ❑ The Surgeon General's *Call to Action* to Prevent Suicide, 1999  
U.S Public Health Service, Washington, DC.
- ❑ National Strategy for Suicide Prevention: Goals and Objectives for Action, 2001  
U.S Department of Health and Human Services, Public Health Service  
Rockville, MD.
- ❑ The source for National Suicide data is the National Center for Health Statistics,  
Center for Disease Control and Prevention.
- ❑ The source for Kansas and Sedgwick County data is the Center for Health and  
Environmental Statistics, Kansas Department of Health and Environment.

## **APPENDIX A**

### **The Sedgwick County Suicide Prevention Task Force Members.**

<b>MEMBERS</b>	<b>ORGANIZATION</b>
Bev Baalman	Family & Children Consultation Services
Charles Magruder (CHAIR)	Wichita/Sedgwick County Health Department
Chris Collins Thoman (VICE- CHAIR)	Via-Christi
Deborah Donaldson	COMCARE
Doug Winkley	Intrust Bank
Elsie Steelberg	Prairie View, Inc
Gary Steed	Sedgwick County Detention Facility
Harold Casey	SAACK
Ivonne Goldstein	Volunteer
Jessie Tyson	Wichita Public Schools
John Sullivan	SRS Kansas
Ken Cox	Sedgwick County Fire Department
Kevin Bomhoff	Wichita State University
Liz McGinness	Wichita Public Schools
Mary Navarro	Wichita Public Schools
Miquelle Gettis	Healthy Options for Planeview
Nathan Stanton	St. Mark United Methodist
Randy Class	Family Consultation Services
Rose Mary Mohr	Mental Health Association
Sheldon Preskorn	University of Kansas School of Medicine, Wichita
Terri Moses	Wichita Police Department
Terry Miller	Mental Health Association
Toni Pickard	Wichita State University

# **APPENDIX B**

## **AWARENESS SUBCOMMITTEE MEMBERS**

<b>MEMBERS</b>	<b>ORGANIZATION</b>
Baalman, Bev (Co-Chair)	Family & Children Consultation Services
Batt, Vivian	COMCARE
Braswell, Jon	Sedgwick County-Detention Facility
Briley, Atha	Wichita Public Schools
Collins, Chris	Via-Christi
Flax, Jim	Wichita Public Schools
Forbes, Vicki	Wichita Fire Department
Freeman Tracy	KPTS
Frey, Kendra	Via-Christi
Gregory, Tara	Regional Prevention Center
Hixson, Janice	NAMI
Jabara, Mary	Wichita Public Schools
Jones, Terrilee	Sedgwick County Sheriff
Kleinsorge, Kim	Sedgwick County Sheriff
Moses, Terri (Co-Chair)	Wichita Police Department
Murray, Terry	Kansas National Guards
Pote, Edwina	Sedgwick County Fire Department
Strong, Don	Mental Health Association
Sullivan, John	SRS Kansas
Sullivan, Linda	Wichita Public Schools
Webb, Martha	Boeing EAP
Willsie, Debbie	SRS Kansas

## **STIGMA WORKGROUP**

<b>MEMBERS</b>	<b>ORGANIZATION</b>
Baalman, Bev	Family & Children Consultation Services
Forbes, Vicki	Wichita Fire Department
Hixson, Janice	NAMI
Jones, Terrilee	Sedgwick County Sheriff
Kleinsorge, Kim	Sedgwick County Sheriff
Moses, Terri	Wichita Police Department
Pote, Edwina	Sedgwick County Fire Department
Sullivan, John	SRS Kansas
Sullivan, Linda	Wichita Public Schools

## **PUBLIC AWARENESS/RESOURCES WORKGROUP MEMBERS**

<b>MEMBERS</b>	<b>ORGANIZATION</b>
Baalman, Bev	Family & Children Consultation Services
Batt, Vivian	COMCARE
Briley, Atha	Wichita Public Schools
Cissell, Monica	Sedgwick County Aging
Flax, Jim	Wichita Public Schools
Murray, Terry	Kansas National Guards
Strong, Don	Mental Health Association
Webb, Martha	Boeing EAP
Willsie, Debbie	SRS Kansas

## **MEDIA WORKGROUP**

<b>MEMBERS</b>	<b>ORGANIZATION</b>
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Freeman, Tracy	KPTS
Gregory, Tara	Regional Prevention Center
Jabara, Mary	Wichita Public Schools
Moses, Terri	Wichita Police Department

## **INTERVENTION SUBCOMMITTEE**

<b>MEMBERS</b>	<b>ORGANIZATION</b>
Addison, Judy	COMCARE
Bechler, Heath	DCCCA, Inc
Bottorff, Randy	SRS Kansas
Bradford, Karole	Interfaith Ministries
Brown, Bruce	SRS Kansas
Burghart, Jon	Crisis Intervention Services
Burns, Wayne	COMCARE
Capps, George	Park City Police Department
Casey, Harold (Co-Chair)	SAACK
Collins, Chris	Via-Christi
Ehmke, Forrest	Via-Christi
Fahranthold, Sally	Ministerial
Fountain, Mariann	COMCARE
Graham, Annette	CPAAA
Greer, Cathi	COMCARE
Hinshaw, Robert	Sedgwick County Sheriff
Holeman, Kevin	Sedgwick County Fire Department
Kennalley, Kristin	Wichita's Youth Promise
Lusk, Luree	COMCARE
Magruder, Charles	Wichita/Sedgwick County Health Department
Manning, Carol	Mental Health Association
McGinness, Liz	Wichita Public Schools
Miller, Terry (Co-Chair)	Mental Health Association
O'Hair, Daphne	SRS Kansas
Paul, Jim	Wichita Public Schools
Paulson, Pam	Wichita Public Schools
Quigley, Tim	Wichita State University
Schmidt, Sylvia	Wichita Public Schools
Scruton, Teresa	Options, Substance Abuse Treatment Facility
Steelberg, Elsie	Prairie View, Inc
Tolle, Gary	Sedgwick County EMS
Witthuhn, Richard	Sedgwick County Police Department
Oliverson, Ruth	Wichita/Sedgwick County Health Department

## **EDUCATIONAL PRESENTATION WORK GROUP**

<b>MEMBERS</b>	<b>ORGANIZATION</b>
Bradford, Karole	Interfaith Ministries
Casey Harold	SAACK
Collins, Chris	Via-Christi
Eleanor, Deterich	Interfaith Ministries
Holeman, Kevin	Sedgwick County Fire Department
Kennalley, Kristin	Wichita's Youth Promise
Paul, Jim	Wichita Public Schools
Paulson, Pam	Wichita Public Schools
Quigley, Tim	Wichita State University
Schmidt, Sylvia	Wichita Public Schools
Steelberg, Elsie	Prairie View, Inc

## **POSTVENTION WORK GROUP**

<b>MEMBERS</b>	<b>ORGANIZATION</b>
Burghart, Jon	Crisis intervention Services
Capps, George	Park City Police Department
Casey, Harold	SAACK
Fahranthold, Sally	Ministerial
Steelberg, Elsie	Prairie View, Inc

## **METHODOLOGY SUBCOMMITTEE MEMBERS**

<b>MEMBERS</b>	<b>ORGANIZATION</b>
Beck, Shari	Sedgwick County Regional Forensic Science Center
Chipas, Diana	Via-Christi
Davis, Steve	Prairie View, Inc
Benson, Christine H	McConnell Air Force Base
Bollineni ,Chandana	Wichita State University
Grinage, Bradley	University of Kansas School of Medicine, Wichita
Guduguntla, Chakradhar	Wichita State University
Hawley, Gary	COMCARE
Jamullamudi, Joseph Sadayanand	Wichita State University
Kolipaka, Srinivas	Wichita State University
Moyer, Carol	KDHE
Nazim Mukheem	Wichita State University
Neetika Agrawal	Wichita State University
Pickard, Toni (Co-Chair)	Wichita State University
Sankara, Prashanth Ishwara Raghu	Wichita State University
Swan , James H.	Wichita State University
Ticer-Voth, Colleen	Via-Christi

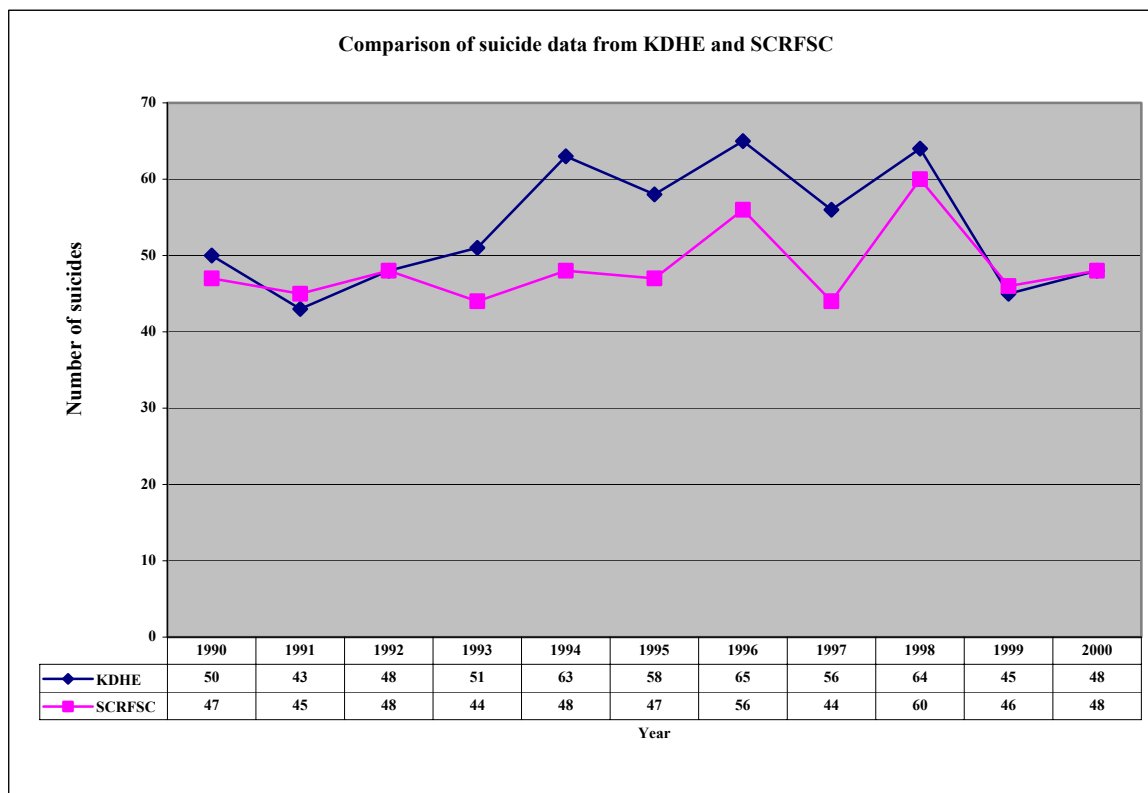
## **APPENDIX C**

### **GLOSSARY**

BSRB	Behavioral Science Regulatory Board
CEU	Continuing Education
CMHC	Community Mental Health Center
CPAAA	Central Plains Area Agency on Aging
COMCARE	Comprehensive Community Care of Sedgwick County
DCCCA	Douglas County Citizen Committee on Alcoholism
EAP	Employee Assistance Program
EMS	Emergency Medical Services
KDHE	Kansas Department of Health and Environment
KDOA	Kansas Department on Aging
KPTS	Kansas Public Telecommunications Service
NAMI	National Alliance for the Mentally Ill
NEA	National Education Association
PCP	Primary Care Physician
PSA	Public Service Announcement
PTA	Parent Teachers Association
RFP	Request for proposal
SAACK	Substance Abuse Assessment Center of Kansas
SAMHSA	The Substance Abuse and Mental Health Services Administration
SCRFS	Sedgwick County Regional Forensic Science Center
SRS	Kansas Department of Social and Rehabilitation Services
VCRMC	Via-Christi Regional Medical Center
WSU	Wichita State University

## APPENDIX D

### COMPARISON OF SUICIDE DATA



#### DATA SOURCES:

- ❑ The source for Kansas and Sedgwick County is the Center for Health and Environmental Statistics, Kansas Department of Health and Environment.

#### METHODS:

- ❑ Suicide is defined as per International Classification of Diseases, 9<sup>th</sup> revision, codes for suicide are E950-959.
- ❑ Death certificates are the method of collection of suicide data in the Sedgwick County by Kansas Department of Health and Environment (KDHE). A suicide is assigned to a particular county based on the county of residence of the victim irrespective of the place of death.
- ❑ Sedgwick County Regional Forensic Science Center Suicide data includes those suicides, where suicidal act occurred in Sedgwick County regardless of the place of death or the time interval involved between the act and the death.

